

## **EXHIBIT 40**

EXHIBIT

CL 57

# Complaint of Discrimination See instructions on reverse

P-2003-0765

**PRIVACY ACT STATEMENT AUTHORITY:** The authority to collect this information is derived from 42 U.S.C. Section 2000e-16; 29 CFR Sections 1614.106 and 1614.108.

**2 PURPOSE AND USE:** This information will be used to document the issues and allegations of a complaint of discrimination based on race, color, sex, including sexual harassment, religion, national origin, age, disability (physical or mental), sexual orientation or reprisal.

The signed statement will serve as the record necessary to initiate an investigation and to become part of the complaint file during the investigation, hearing and appeal, if one, to the Equal Employment Opportunity Commission. **EFFECTS OF NON-DISCLOSURE** Submission of this information is MANDATORY. Failure to furnish this information will result in the complaint being returned without

1. Complainant's Full Name  
Colleen O'Donnell

Street Address, RD Number, or Post Office Box Number  
56 Chester Street

City, State and Zip Code  
Malden, MA. 02148

2. Your Telephone Number (including area code)  
Home (781) 397-6332 / (781) 264-0362

Work

3. Which Department of Justice Office Do You Believe Discriminated Against You?

Federal Bureau of Prisons

4. Current Work Address  
FMC Devens, P.O. Box 880, Ayer, Massachusetts 01432

A. Name of Agency Where You Work

B. Street Address of Office  
FMC Devens, P.O. Box 880

B. Street Address of Your Agency

C. City, State and Zip Code  
Ayer, Massachusetts 01432

C. City, State and Zip Code

D. Title and Grade of your Job  
Inmate Systems Management Officer GS-07

5. Date on Which Most Recent Alleged Discrimination Took Place

Month Day Year

6. Check Below Why You Believe you Were Discriminated Against?

- ☐ Race or Color (Give Race or Color) \_\_\_\_\_
- ☐ Religion (Give Religion) \_\_\_\_\_
- ☒ Sex (Give Sex) ☐ Male ☒ Female
- ☒ Sexual Harassment
- ☐ Age (Give age) \_\_\_\_\_
- ☐ Nation Origin (Give National Origin) \_\_\_\_\_
- ☒ Disability ☐ Physical ☒ Mental
- ☐ Sexual Orientation
- ☐ Reprisal

Continuing Violation

7. Explain How You Believe You Were Discriminated Against (Treated differently from other employees or applicants) Because of Your Race, Color, Sex (including sexual harassment), Religion, National Origin, Age, Disability (physical or mental), Sexual Orientation or Reprisal. (You may continue your answer on another sheet of paper if you need more space.)

January 3, 2003, Mr. Reynoso (whom works at same installation), plead guilty to Domestic Assault and Battery with a Dangerous Weapon upon the Complainant. The Judge sentenced him to fifteen months probation. Additionally, he was order to stay away from the Complainant. January 6, 2003, Complainant advised Warden Winn of the January 3, 2003 guilty plea. Warden took no action to restrict Reynoso from Complainant and Complainant was not allowed to rotate her position according to the normal work schedule. January 8, 2003, the Complainant was diagnosed with Post Traumatic Stress Disorder and totally disabled and unable to work at her current job in the current circumstances. The Warden refused to provide a reasonable accomodation. Complainant was denied Voluntary Leave Bank Donations/Solicitations; additional Advance Sick Leave; and administrative leave with pay. On February 6, 2003, the Complainant was placed on AWOL status, notified and verified by Personal Earnings and Leave Statement.

8. What Corrective Action Do You Want Taken on Your Complaint?

Make Whole

Attorney Fees and Cost

Retroactive Pay and Vacation and Sick Time Restored

Removal of current LWOP/AWOL status from any/all records

Retroactively placement on Administrative Leave from the time of effective LWOP/AWOL status to settlement of pending EEO/Legal Actions

Afforded all opportunities that are available to other staff; (i.e., training, institutional access and overtime, etc.)

Removal/Reassignment of my Assailant Mr. David Reynoso, Intelligence Officer, form FMC Devens

Written assurance from management that I will not be retaliated against in any form or fashion for my participation within this process or further legal actions raised

9. A) I Have Discussed My Complaint With an Equal Employment Opportunity Counselor

DATE OF FIRST CONTACT:  
January 21, 2003

DATE OF LAST INTERVIEW:  
March 27, 2003

B) Name of Counselor

Kenneth Nichols

☐ I Have Not Contacted an EEO Counselor

Date of This Complaint:

Month Day Year  
3 31 2003

11. Sign Your Name Here  
Attorney Samuel M. Rizzitelli, Jr. for Complainant;  
26 Prindle Avenue, Derby, Connecticut 06418 (203) 736-9800

FORM DOJ-201A

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